



**SARATOGA COUNTY PUBLIC HEALTH**

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**CONSENT AND RELEASE FOR USE OF LIKENESS - Non-Employee**

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Signed by \_\_\_\_\_ (name of the photographed party)

with the intent of being legally bound on \_\_\_\_\_ (date).

**OR**

If Photographed Party is a minor or an adult for whom a guardian or legal representative has been appointed:

Signature \_\_\_\_\_ Printed name: \_\_\_\_\_

(Circle one): Parent    Guardian    Legal Representative

*Our mission: To assess, improve and monitor the health status of our community.*